10/16/2010 14:44

## **FORM 3X**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Othe	r Than An Auth	orized Com	mittee		Office Use Only	
NAME OF     COMMITTEE (in full)		MAILING LABEL OR PRINT 🗑	Example:If ty over the lines				
Massachusetts Republ	ican State Congre	essional Committee					
ADDRESS (number and street	et) 85 Merr	imac Street, Suite 40	00				
Check if different							
than previously reported. (ACC)	Boston				LMA L	02114	
2. FEC IDENTIFICATION	NUMBER 🜹	CIT	Y 🛕	\$	STATEA	ZIPCC	DDE 🛕
C00042622			THIS EPORT	NEW (N) OR	X AM	ENDED	
4. TYPE OF REPORT (Choose One)		eport Eb	20 (M2)	May 20 (M5)	Aug 2	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		e On: X Mar	20 (M3)	Jun 20 (M6)	Sep 2	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	Oct 2	0 (M10)	Jan 31 (YE)
Quarterly Rep July 15	oort(Q1) (c)	12-Day	Primary	(12P)	General (1	2G)	Runoff (12R)
Quarterly Rep	port(Q2)	<b>PRE</b> -Election Report for the:	Convent	ion (12C)	Special (1	2S)	
Quarterly Rep	port(Q3)						
January 31 Quarterly Rep		Election	n on			in the State	
July 31 Mid-Y Report(Non-e Year Only) (M	election (d)	30-Day  Post -Election  Report for the:	General	(30G)	Runoff (30	PR)	Special (30S)
Termination F (TER)	Report	Election	n on			in the State	
5. Covering Period	02 01	2010	throu	gh 02	28	2010	
I certify that I have examined	I this Report and t	o the best of my kno	wledge and belief	it is true, correct a	and complete.		
Type or Print Name of Treas	Brent /	Andersen					
Signature of Treasurer E	lectronically Filed	by Brent Anderse	n	D	ate 10	16	2010
NOTE : Submission of false	, erroneous, or inc	complete information	may subject the	person signing this	s Report to the	penalties of 2 U	.S.C 437g.
Office Use						FEC FOF (Rev. 12/2	

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/38 Write or Type Committee Name Massachusetts Republican State Congressional Committee D D <sup>®</sup>D 02 0 1 2010 0.2 28 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 80412.05 January 1 (b) Cash on Hand at 347314.10 Begining of Reporting Period ..... 84900.50 1049990.50 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 432214.60 1130402.55 6(a) and 6(c) for Column B) ..... 852684.15 154496.20 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 277718.40 277718.40 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 5660.20 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE OF RECEIPTS**

3/38 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

м м 0 2 0 1 м°м 0 2 2 8 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 73400.00 170509.00 (i) Itemized (use Schedule A) ...... 11500.50 21875.50 (ii) Unitemized ..... (iii) TOTAL (add 84900.50 192384.50 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 10000.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 202384.50 84900.50 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 847606.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00

0.00

1049990.50

1049990.50

84900.50

84900.50

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) ......

(subtract Line 18(c) from Line 19) .....

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 38

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:  (a) Shared Federal/Non-Federal		1
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	96278.16	159221.87
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	96278.16	159221.87
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	0.00	0.00
	0.00	0.00
I. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	47488.52	677026.52
(use selledule i )		
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
Fodoval Floation Activity (OLL C.C. 421/20)		
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(1) 1 6061 at 311at 6		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	10729.52	16435.76
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	10729.52	16435.76
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	154496.20	852684.15
	.51,00,20	332331110
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	154496.20	852684.15

### **DETAILED SUMMARY PAGE**

of Disbursements

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	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	84900.50	202384.50
84.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	84900.50	202384.50
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	96278.16	159221.87
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	96278.16	159221.87

FE6AN026

ITEMIZE	ULE A (FEC Form 3X) ED RECEIPTS	ratomente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for comm	ercial purposes, other than using the FCOMMITTEE (In Full) chusetts Republican State Cong	name and add	dress of any political committee to	o solicit contributions from such committee.
A. D. Bradfo Mailing A  City Cambri FEC ID r federal pr  Name of Romney  Receipt F	number of contributing olitical committee.  Employer for President	State MA  C  Occupatio Policy Ac Aggregate		Date of Receipt    M M M
Marie And Mailing A  City  Longme  FEC ID r federal pr  Name of Informati  Receipt F	eadow number of contributing olitical committee.  Employer on Requested		Zip Code 01106  n ion Requested e Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Action con Mailing A  City  Pittsbur  FEC ID r federal pr  Name of Informati  Receipt F	One mellon Bank Center of contributing colitical committee.  Employer on Requested	PA  Occupatio Informati	Zip Code 15258	Date of Receipt    M   M   26   2010   Transaction ID: 00317.C178409   Amount of Each Receipt this Period   5000.00   Receipt
SUBTOTA	L of Receipts This Page (optional)			5550.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Ptotomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 38  (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Con	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  Douglas Butler  Mailing Address 30 Julio Dr.  Apt. 245  City  Shrewsbury  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For:  Primary General Other (specify)	State MA  C  Occupation Retired  Aggregate	Zip Code 01545 on e Year-to-Date ▼	Date of Receipt    M M
В.	Full Name (Last, First, Middle Initial) Donald Clark  Mailing Address 145 Granville Rd.  City  Westfield  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For:  Primary General Other (specify)	State MA  C  Occupation Retired  Aggregate	Zip Code 01085  on e Year-to-Date ▼ 200.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 2 / 26 / 2010  Transaction ID: 00317.C178332  Amount of Each Receipt this Period  200.00  Receipt
<b>c</b> .	Full Name (Last, First, Middle Initial) Richard Clemence  Mailing Address 28 Pinedale St.  City Southbridge  FEC ID number of contributing federal political committee.  Name of Employer Hyde Group Inc  Receipt For: Primary General Other (specify)	State MA  C  Occupation Vice Cha Aggregate		Date of Receipt    M   M   26   2010   Transaction ID: 00317.C178363   Amount of Each Receipt this Period   200.00   Receipt
	SUBTOTAL of Receipts This Page (optional) .			600.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statamente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Con	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) John Davis  Mailing Address 101 Woodsley Road  City Longmeadow  FEC ID number of contributing federal political committee.  Name of Employer Ventry Industries  Receipt For: Primary General Other (specify)	State MA  C  Occupation CEO  Aggregate	Zip Code 01106  on e Year-to-Date ▼ 10000.00	Date of Receipt    M M M
<b>—</b> В.	Full Name (Last, First, Middle Initial) David Emmerich Mailing Address 101 Shelton Rd.  City Swampscott  FEC ID number of contributing federal political committee.  Name of Employer First Republic Bank  Receipt For: Primary General Other (specify)	State MA  C  Occupation Executiv  Aggregate		Date of Receipt    M M M
_ C.	Full Name (Last, First, Middle Initial) Joel K Greenberg  Mailing Address 727 Marion Square Re  City  Gladwyne  FEC ID number of contributing federal political committee.  Name of Employer SIG LLP  Receipt For:  Primary  General  Other (specify) ▼	State PA C Occupation Managin	Zip Code 19035  on ig Director e Year-to-Date ▼ 10000.00	Date of Receipt    M M M
	SUBTOTAL of Receipts This Page (optional) .			20500.00

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Clark Griffith  Mailing Address P.O. Box 127 15 Lakeview St.  City South Carver  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify)	State MA C Occupation Retired	Zip Code 02366-0127	Date of Receipt    M   M   24   2010   Transaction ID: 00317.C178144   Amount of Each Receipt this Period   200.00   Receipt
В.	Full Name (Last, First, Middle Initial) Clark Griffith  Mailing Address P.O. Box 127 15 Lakeview St.  City South Carver  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify)	State MA  C  Occupation Retired Aggregate	Zip Code 02366-0127	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Jeanne Kangas Mailing Address 959 Hill Rd  City Boxborough  FEC ID number of contributing federal political committee.  Name of Employer Arnold & Kangas, P.C.  Receipt For: Primary General Other (specify)	State MA  C  Occupation Lawyer  Aggregate	Zip Code 01719 on e Year-to-Date ▼	Date of Receipt    M M
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		•	5300.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Con	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Kurt Lanza  Mailing Address PO Box 2178  City Littleton  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify)		Zip Code 01460 on ion Requested e Year-to-Date ▼	Date of Receipt    M M M   D D D   2 6   2 0 1 0
В.	Full Name (Last, First, Middle Initial)  Melissa Lucas  Mailing Address 22 Slayton Road  City  Melrose  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For:  Primary General Other (specify)	_ '	Zip Code 02176  on ion Requested e Year-to-Date ▼ 200.00	Date of Receipt    M M M
с. С.	Full Name (Last, First, Middle Initial) Peter Maich Mailing Address 15 Linden Drive  City Cohasset  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify)	State MA  C  Occupation Retailer  Aggregate	Zip Code 02025  on e Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	SUBTOTAL of Receipts This Page (optional) .			950.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 38 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to	
Massachusetts Republican State Cor	ngressional Committee	
Full Name (Last, First, Middle Initial) Susan Mattes  Mailing Address 9 Hardy Road		Date of Receipt
City	State Zip Code	0 2 2 6 2 0 1 0 Transaction ID: 00317.C178398
<u>Marlborough</u>	MA 01752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Astrazeneca R&D Boston	Occupation Research Scientist	Receipt
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) James McManus		Date of Receipt
Mailing Address 88 Chestnut St		0 2 1 2 2 0 1 0
City	State Zip Code	Transaction ID: 00217.C178076
Weston	MA 02493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Commercial Real Estate	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Albert Merck		Date of Receipt
Mailing Address 1010 Waltham St F-19		0 2 1 2 2 0 1 0
City Lexington	State Zip Code MA 02421-8048	Transaction ID: 00217.C178075  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15000.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	15000.00	
SUBTOTAL of Receipts This Page (optional)	.1	15800.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 38 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Col	ngressional Committee	
Full Name (Last, First, Middle Initial) Peter Monaco  Mailing Address 311 Marlborough St.		Date of Receipt
City Boston	State Zip Code MA 02116-1608	Transaction ID: 00317.C178288  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 02110-1000	-5000.00
Name of Employer Raptor Capitol Management	Occupation Director	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ -5000.00	]
Full Name (Last, First, Middle Initial) Peter Monaco  Mailing Address 311 Marlborough St.		Date of Receipt
City	State Zip Code	0 2 2 5 2 0 1 0 Transaction ID: 00317.C178252
Boston	MA 02116-1608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15000.00
Name of Employer Raptor Capitol Management	Occupation Director	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	
Full Name (Last, First, Middle Initial) James Murray		Date of Receipt
Mailing Address 700 East Main St.		0 2 2 4 2 0 1 0
City Saint Charles	State Zip Code IL 60174	Transaction ID: 00317.C178132  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		10500.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 38 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Massachusetts Republican State Cong	name and ad	dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) H. Bradlee Perry  Mailing Address 865 Central Avenue K-109  City Needham  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify)	State MA  C  Occupation Retired Aggregate	Zip Code 02492  on  e Year-to-Date  ▼ 250.00	Date of Receipt    M
В.	Full Name (Last, First, Middle Initial) Lovett Peters  Mailing Address 10 Longwood Dr #10  City Westwood  FEC ID number of contributing federal political committee.  Name of Employer Pioneer Institute  Receipt For: Primary General Other (specify)	State MA  C  Occupation Executiv Aggregate		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
с. -	Full Name (Last, First, Middle Initial) Josephine Pomeroy  Mailing Address 10 Longmeadow Dr. DO NOT MAIL  City  Westwood  FEC ID number of contributing federal political committee.  Name of Employer Information Requested  Receipt For: Primary General Other (specify)		Zip Code 02090  on ion Requested e Year-to-Date ▼ 500.00	Date of Receipt    M   M   2 4   2 0 1 0
┝	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number)		•	1750.00

	LE A (FEC Form 3X)  RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 38 (check only one)    X   11a
or for commerc	n copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) usetts Republican State Cong	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Norwell  FEC ID nunfederal polit  Name of En Fidelity Inverted  Receipt For Prima	mber of contributing ical committee.  mployer setments		Zip Code 02061 n tment Communication Year-to-Date ▼	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Mark Russel  Mailing Add  City  Newton  FEC ID nunfederal polit  Name of En Information  Receipt For Prima	mber of contributing ical committee.  mployer Requested		Zip Code 02459 non Requested e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Michael Sav Mailing Add  City Boston  FEC ID nun federal polit  Name of En Retired  Receipt For	dress 100 Belvidere St Apt 7bc  mber of contributing ical committee.  mployer	State MA  C Occupatio Retired Aggregate	Zip Code 02199 n • Year-to-Date ▼	Date of Receipt    M
SUBTOTAL o	of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Massachusetts Republican State	e Congressional Committee	
Full Name (Last, First, Middle Initial) Steven Snider  Mailing Address 114 Shornecliffe	Road	Date of Receipt
		02 22 2010
City <u>Newton</u>	State Zip Code MA 02458-2421	Transaction ID: 00317.C178258
FEC ID number of contributing federal political committee.	C 02436-2421	Amount of Each Receipt this Period  10000.00
Name of Employer Pyramis Global Advisors	Occupation Portfolio Manager	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	
Full Name (Last, First, Middle Initial) Sinclair Weeks	<u>'</u>	Date of Receipt
Mailing Address 100 Newbury Ct.	, Apt. 502	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 00217.C178072
Concord	MA 01742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00 Receipt
Name of Employer Retired	Occupation Retired	— neceipi
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) E. Andrew Wilde	<b>'</b>	Date of Receipt
Mailing Address 1210 Greendale Apt. E3		02 / 25 / Y Y Y Y Y Y Y
City Needham	State Zip Code MA 02492	Transaction ID: 00317.C178282  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts This Page (opti-	onal)	11200.00
	umber only)	73400.00

В.

C.

SCHEDULE B (FEC Form 3X)	NUMBER: PAGE 16/38												
ITEMIZED DISBURSEMENTS	(check only	y one)											
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		by any person f	or the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
Massachusetts Republican State Congress													
Full Name (Last, First, Middle Initial) Bowditch & Dewey	Transaction ID: 00317.E11899 Date of Disbursement												
Mailing Address 311 Main St.	0 2 M / D 0 3 / Y 2 0 1 0 Y												
PO Box 15156 City Worcester	Amount of Each Disbursement this Period												
Purpose of Disbursement General Counsel and compliance													
Candidate Name													
Office Sought: House Disburse Senate President State: District:	GENERAL COUNSEL AND COMPLIANCE												
Full Name (Last, First, Middle Initial)			T .: IB 00040 E44007										
American Express			Transaction ID: 00319.E11967  Date of Disbursement										
Mailing Address PO Box 1270			$\begin{bmatrix} 0 & 2 & M & 1 & M & M & M & M & M & M & M & M$										
City Newark	State Zip Code NJ 07101-1270		Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card: See Below			10322.62										
Candidate Name		Category/ Type											
Senate President	ement For: Primary General Other (specify)		CREDIT CARD: SEE BELOW										
State: District:													
Full Name (Last, First, Middle Initial) Hilton Back Bay			Transaction ID: 00319.E11971 Date of Disbursement										
Mailing Address 40 Dalton St.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & A \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$										
City Boston	State Zip Code MA 02115-		Amount of Each Disbursement this Period										
Purpose of Disbursement amex payment - hotel	•	3276.61											
Candidate Name		Category/ Type											
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		[MEMO ITEM] MEMO: AMEX PAYMENT - HOTEL										
State: District:													
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)												

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SCHEDULE B (FEC Form 3X)	chedule(s)		FOR (chec			JMBER: PAGE 17/38								
ITEMIZED DISBURSEMENTS	for each catego Detailed Summ		1-	<u>X</u> 2	1b 7		22 28a		23 28b	24 28c		25 29	26 30b	
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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of a	iny political co	וווווכ	ıııııee	10 5	OliCit	CONTIN	ibuti	OHS H	JIII SUCII (	JOHN	muee		
Massachusetts Republican State Congress	ional Committe	ее												
Full Name (Last, First, Middle Initial) Delta Airline							Trans			00319 ement	.E1	1972		
Mailing Address web address only- www.d		0 2 M / 0 4 / Y 2 0 1 0 Y												
City Boston	State Zip 0 MA 021	Code 14-					Amoui	nt of	Each	Disburse	men	t this f	Period	
Purpose of Disbursement		Γ	v		$\overline{}$						66	16.80	)	
amex payment - travel Candidate Name				egory	<b>y</b> /									
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specify)	General		<b>71</b>		<u> </u>	MEM MEMC EL		-	PAYME	NT	- TR	AV-	
Full Name (Last, First, Middle Initial)						١,	Trans	o o ti	on ID:	00319		1072		
Airflight Ins Premium							Date o		-				V	
Mailing Address PO Box 19020						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
City Green Bay	State Zip ( WI 543	Code 107-					Amoui	nt of	Each	Disburse	men	t this f	Period	
Purpose of Disbursement amex payment - insurance prem.							L.				2	99.88	3	
Candidate Name				egory	<b>y</b> /			<b>~</b> !'						
Senate President	ment For: Primary Other (specify)	General				Ī	MEM MEMC RANC	): A	MEX	PAYME	NT	- INS	SU-	
State: District:  Full Name (Last, First, Middle Initial)						+-								
SCM Associates							Date c		sburse				V	
Mailing Address Steve Meyers 1283 Main Street							0 2		1	7 /	2	0 i (	)	
•	State Zip 0 NH 034	Code .44-					Amoui	nt of	Each	Disburse	men	t this f	Period	
Purpose of Disbursement Direct Mail			·								55	13.96	5	
Candidate Name		-		egory	<b>y</b> /									
Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General					DIREC	CT I	MAIL					
State: District:														
SUBTOTAL of Disbursements This Page (optional)					<u> </u>						55 <sup>-</sup>	13.96		

for commercial purposes, other than to NAME OF COMMITTEE (In Full)	Detailed Summary Page	(check onl	22 23 24 25 26 28a 28b 28c 29 30
for commercial purposes, other than to NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or use		
NAME OF COMMITTEE (In Full)			for the purpose of soliciting contributions plicit contributions from such committee
Massachusetts Republican Sta	te Congressional Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 00317.E11934
Scr & Associates, LLC			Date of Disbursement
Mailing Address 4 Leblanc Dr			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Danvers	State Zip Code MA 01923-		Amount of Each Disbursement this Period
Purpose of Disbursement			6000.00
Fundraising Consulting Fee- party re	elated non FEA		
Candidate Name		Category/ Type	
Office Sought: House Senate	Disbursement For:  Primary  General		FUNDRAISING CONSULTING FE-
President	Other (specify)		E- PARTY RELATED NON FEA
State: District:			
Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Mas			Transaction ID: 00317.E11898 Date of Disbursement
			0 2 D D D D D D D D D D D D D D D D D D
Mailing Address Landmark Ce 401 Park Driv			02 17 2010
City Boston	State Zip Code MA 02215-		Amount of Each Disbursement this Period
Purpose of Disbursement			468.20
Health Insurance Candidate Name		Category/	
		Type	
Office Sought: House Senate	Disbursement For:  Primary  General		HEALTH INSURANCE
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Byte Bulb			Transaction ID: 00317.E11902 Date of Disbursement
Mailing Address The Trimoun	t Company Inc		02 03 7 2010
75 Meadowb	t Company, Inc. rook RD.		
City Hanover	State Zip Code MA 02339-		Amount of Each Disbursement this Period
Purpose of Disbursement			210.00
party related website development  Candidate Name		Category/	
- Candidate Name		Type	
Office Sought: House	Disbursement For:		PARTY RELATED WEBSITE DEV-
Senate President	Primary General Other (specify) ▼		ELOPMENT
State: District:			
SUBTOTAL of Dishursements This P	age (optional)		6678.20
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 19/38										
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only												
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Any Information copied from such Reports and Stater	ments may not be sold or used by	27	28a 28b	28c 29 30b										
or for commercial purposes, other than using the name														
NAME OF COMMITTEE (In Full)														
Massachusetts Republican State Congres	sional Committee													
Full Name (Last, First, Middle Initial)  Kauppi Communications			Transaction ID: Date of Disburse	00317.E11917 ment										
Mailing Address 27 Townly Road			02 4 7 0 3 7 2 0 1 0											
City Watertown		Amount of Each Disbursement this Period												
Purpose of Disbursement communications consulting fee party related non	•		3000.00											
Candidate Name	Category/ Type													
Senate President	ement For: Primary General Other (specify)		COMMUNICAT FEE PARTY RE	IONS CONSULTING ELATED NON FEA										
State: District: Full Name (Last, First, Middle Initial)														
Keswick Consulting			Date of Disburse											
Mailing Address 231 Victory Road			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$											
City Quincy	State Zip Code MA 02171-		Amount of Each Disbursement this Period											
Purpose of Disbursement Political consulting Fee- party realated non FEA	Г	•		3000.00										
Candidate Name	C	Category/ Type												
Office Sought:  House Senate President State:  Disburs	ement For:  Primary General  Other (specify) ▼		POLITICAL CO PARTY REALA	NSULTING FEE- TED NON FEA										
Full Name (Last, First, Middle Initial)			Transaction ID:	00317.E11965										
Keswick Consulting			Date of Disburse											
Mailing Address 231 Victory Road			02 / 2	5 2010										
City Quincy	State Zip Code MA 02171-		Amount of Each I	Disbursement this Period										
Purpose of Disbursement	VZ1/1			3000.00										
Political consulting fee-party related non fea														
Candidate Name		Category/ Type												
Senate President	ement For:  Primary General  Other (specify) ▼		POLITICOL CO PARTY RELAT	NSULTING FEE- ED NON FEA										
State: District:														
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		9000.00										

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SCHEDULE B (FEC Form 3X)		FOR LIN	E NUMBI	ER:		P	AGE	20 / 3	38						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	- 1-	X 21b 27	22 28a	$\Box$	23 28b	24 28c		25 29	26 30b					
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NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee														
Full Name (Last, First, Middle Initial) Crowne Plaza Crowne Plaza Newton  Mailing Address 320 Washington St.	Transaction ID: 00317.E11963 Date of Disbursement  0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0														
Mailing Address 320 Washington St.		Amount of Each Disbursement this Period													
Newton		Amo	unt or	Lacii	Disbuise	-	-	-							
Purpose of Disbursement event fee					15	62.80									
Candidate Name	tegory/ ype														
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			EVE	NT F	EE									
Full Name (Last, First, Middle Initial)				Tran	eacti	on ID:	00317	7 F 1	1961						
Diaz Diaz Communications				Transaction ID: 00317.E11961 Date of Disbursement											
Mailing Address 9911 Oleander Ave.				0 <sup>M</sup> 2	M /	<sup>D</sup> 0	3 /	Ý 2	0 i c	) <sup>Y</sup>					
,	State Zip Code VA 22181-			Amo	unt of	Each	Disburse	emen	t this F	Period					
Purpose of Disbursement Consulting				] L.				25	00.00						
Candidate Name			tegory/ ype												
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			CON	SUL	TING									
State: District:															
Full Name (Last, First, Middle Initial) Diaz Diaz Communications						sburse		7.E1	1960						
Mailing Address 9911 Oleander Ave.				0 <sup>M</sup> 2	M /	<sup>D</sup> 2	5 /	Ž	0 1 0	) <sup>Y</sup>					
	State Zip Code VA 22181-			Amo	unt of	Each	Disburse	emen	t this F	Period					
Purpose of Disbursement		L.				9	24.37								
Consulting Candidate Name			tegory/												
Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)		760	CON	SUL	TING									
State: District:															
SUBTOTAL of Disbursements This Page (optional) .			▶					498	87.17						

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LIN	E NUMBE	R:		PA	AGE	21 /	38					
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Any Information copied from such Reports and State or for commercial purposes, other than using the nan			person	for the pu		se of so	oliciting c		outions						
NAME OF COMMITTEE (In Full)															
Massachusetts Republican State Congres	sional Committee														
Full Name (Last, First, Middle Initial) Tara Esfahanian						on ID:	00317 ement	'.E1	1938						
Mailing Address 177 Upham St.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$													
City Melrose	State Zip Code MA 02176-		Amount of Each Disbursement this Period												
Purpose of Disbursement Fundraising consulting fee for party related event	,						25	00.00	)						
Candidate Name	1	Categ	, ,												
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)			FUND FOR I	)RA PAF	ISING RTY R	G CONS RELATE	UL] D E	ΓING VEN1	FEE					
Full Name (Last, First, Middle Initial)				Trans	acti	on ID:	00317	' F1	1013						
Guardian Guardian				Date o		sburse	ement			Y					
Mailing Address Boston Group Office 1 Liberty Square				0 2		0	1 /	2	010	D					
City Boston	State Zip Code MA 02109-			Amou	nt of	f Each	Disburse	-							
Purpose of Disbursement Dental Insurance				L.				1	29.93	3					
Candidate Name		Categ Typ													
Office Sought:  Senate  President  State:  Disburs	ement For: Primary General Other (specify)			DENT	AL	INSU	RANCE								
Full Name (Last, First, Middle Initial)				<b>T</b>		ID	0004	,	1015						
Hampshire House				Date o	of Di	sburse									
Mailing Address 84 Beacon St.				0 2	M	1	7 /	2	010	י ט					
City Boston	State Zip Code MA 02108-			Amou	nt of	f Each	Disburse	men	t this	Period					
Purpose of Disbursement Catering for party related fundraising event		,			-			.8	86.36	5					
Candidate Name	1	Categ													
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼	<u> </u>					OR PAR S EVEN		RELA	TED					
State: District:															
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 22/38									
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or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full)													
Massachusetts Republican State Congres	sional Committee												
Full Name (Last, First, Middle Initial) Lyndsay Jones			Transaction ID: Date of Disburser										
Mailing Address 22 Presidents Lane			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
City Quincy	State Zip Code MA 02169-		Amount of Each D	Disbursement this Period									
Purpose of Disbursement reimbursement for cell phone		0 0		106.00									
Candidate Name		Category/ Type											
Office Sought: House Senate President State: District:	ement For:  Primary General  Other (specify) ▼		REIMBURSEME ONE	ENT FOR CELL PH-									
Full Name (Last, First, Middle Initial)			Tourne a Mary ID	00017 511000									
Lexis-Nexis			Date of Disburser	00317.E11920 ment									
Mailing Address PO Box 7247-7090			02 03	<sup>2</sup> 2 0 1 0									
City Philadelphia	State Zip Code PA 19170-		Amount of Each D	Disbursement this Period									
Purpose of Disbursement		• •		1750.00									
Candidate Name		Category/ Type											
Senate President	ement For:  Primary General  Other (specify) ▼												
State: District: Full Name (Last, First, Middle Initial)													
Melissa Lucas			Date of Disburser										
Mailing Address 22 Slayton Road			02 03	3 2010									
City Melrose	State Zip Code MA 02176-		Amount of Each D	Disbursement this Period									
Purpose of Disbursement	Г			2500.00									
fundraising consultin fee for party related fundrais  Candidate Name		Category/ Type											
Senate President	ement For:  Primary General  Other (specify) ▼		FUNDRAISING FOR PARTY RE SING EVENT	CONSULTIN FEE ELATED FUNDRAI-									
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	of Disbursement and room rental for state cor	nmittee						-		_		230.00	ů.	_
Candidate						gory/								
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	President		Other (spe	ecify) 🔻					•	,		-		
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Candidate						gory/								
Office Sou	ught: House Senate President District:	Disburs	ement For: Primary Other (spe	General ecify) ▼			co	PIE	R LEAS	SE				
	e (Last, First, Middle Initial)						Tre		otion ID:	. ^	0017	E11919	`	
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Candidate					Cate	gory/								
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Office Sou	Senate President	Disburs	ement For: Primary Other (spe	General ecify) ▼			co	PIE	R LEAS	SE				
State:	District:						_							
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SCHEDULE B (FEC Form 3X)	R LIN	_		R:		PA	AGE	24 / 3	38			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l —	21b 27	<u></u>	′	23 28	L	24 28c	П	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			person	for th	e pu	rpose o	f so	liciting co		outions		
NAME OF COMMITTEE (In Full)												
Massachusetts Republican State Congress	sional Committee											
Full Name (Last, First, Middle Initial) Jennifer Nassour			action of Disbu	ırse		'.E1	1957					
Mailing Address 49 Chelsea St., Unit C1-3	0 2 M / D 3 / Y 2 0 1 0 Y											
City Boston	Amount of Each Disbursement this Period											
Purpose of Disbursement	L					9	82.00	)				
Reimbursement See below												
Candidate Name		Catego Type										
Senate President	ment For: Primary General Other (specify) ▼			RI	ΞIM	BURS	EM	ENT S	EE I	BELC	W	
State: District: Full Name (Last, First, Middle Initial)												
American Airlines				D	ate o	action of Disbu	ırse		'.E1	1958		
Mailing Address P.O. Box 619612 VFW Airport				$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix}$								
,	State         Zip Code           TX         75261-9612			A	mou	nt of Ea	ach I	Disburse	men	t this f	Period	
Purpose of Disbursement J. Nassour reimbursement for airfare									9	82.00	)	
Candidate Name		Catego Type	-			o :==						
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼					<b>O ITE</b> D: J. N ENT FO		SOUR AIRFAI	RE RE	IMBU	R-	
State: District:												
Full Name (Last, First, Middle Initial) Jennifer Nassour						action of Disbu		00317 ment	'.E1	1956		
Mailing Address 49 Chelsea St., Unit C1-3	307				<sup>м</sup> 2	M /	0	3 /	Ž	0 1 C	) <sup>Y</sup>	
,	State Zip Code MA 02129-			A	mou	nt of Ea	ach I	Disburse	emen	t this f	Period	
Purpose of Disbursement		-	-	1 L					.7	56.97		
Reimbursement See below												
Candidate Name		Catego Type	-									
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State: District:												
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	Ox-Eye Prope	First, Middle Initial) rties								Date of	of D	isburs	er							
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	City Boston			State MA	Zip Code 02114-					Amou	nt o	f Eacl	h [	Disburs	-					
	Purpose of Disbu Rent & Utilites	ursement					•					-			46	88.70	0			
	Candidate Name						ateg Typ	-												
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		First, Middle Initial)							+				_	0004		1000				
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	Purpose of Disbu Rent & Utilities	ursement							347.15											
	Candidate Name						ateg Typ	-												
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	State:	District:																		
	Full Name (Last, Paychex/Interl	First, Middle Initial) Pay								Date o	of D	isburs	er		7.E1	1948				
	Mailing Address	PO Box 8295								0 <sup>M</sup> 2	М	/ D	0 -	4 /	2	2 0 1	0 <sup>Y</sup>			
	City Boston			State MA	Zip Code 02266-					Amou	nt o	f Eacl	h [	Disburs	emer	nt this	Perio			
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SCHEDULE B (FEC Form 3X)	rate schedule(s)			OR LIN			R:			PA	AGE	26 /	38		
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														S	
NAME OF COMMITTEE (In Full)															
Massachusetts Republican State Congress	Massachusetts Republican State Congressional Committee														
Full Name (Last, First, Middle Initial) Paychex/InterPay					Trans Date o				00317	'.E1	1950				
Mailing Address PO Box 8295						м		) 4		Ž	010	) Y			
1 O Box 0200					-										
City Boston			Amount of Each Disbursement this Period												
Purpose of Disbursement payroll tax	Г					-				22	80.86	5			
Candidate Name			egory/ /pe												
Office Sought: House Disburse Senate President State: District:	Senate Primary General President Other (specify) ▼														
Full Name (Last, First, Middle Initial)											0004	,	1051		_
Paychex/InterPay							Date o	of D	isburs	en				_	
Mailing Address PO Box 8295							0 2	М	/ D	1 8	3 /	Ž	0 1 (	o <sup>Y</sup>	
•	State MA	Zip Code 02266-					Amou	nt o	f Each	ı D	isburse	mer	t this	Period	_
Purpose of Disbursement payroll tax												22	60.87	7	
Candidate Name					egory/ /pe										
Senate President	ement For: Primary Other (spe	General cify) ▼				ſ	PAYR	OL	L TA	Χ					
State: District:															_
Full Name (Last, First, Middle Initial) Paychex/InterPay							<b>Trans</b> Date o		isburs	en		'.E1	1949		
Mailing Address PO Box 8295							0 <sup>M</sup> 2	М	/ D	1 8	3 /	2	0 1 (	) Y	
•	State MA	Zip Code 02266-					Amou	nt o	f Each	ı C	Disburse	mer	t this	Period	_
Purpose of Disbursement											77.7				
payroll fee															
Candidate Name					egory/ /pe										
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General				F	PAYR	ROL	L FE	Ε					
State: District:	, (SPO	<i>31</i> ▼													
SUBTOTAL of Disbursements This Page (optional) .					. •							46	19.44	1	]

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s				27 / 3	38						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27		22 23 24 25 28a 28b 28c 29			ı	26 30b				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				person		the pu	ırpose	of so	oliciting c		butions	
NAME OF COMMITTEE (In Full)												
Massachusetts Republican State Congres	sional Committee											
Full Name (Last, First, Middle Initial) Poland Spring Poland Spring						Transaction ID: 00317.E11932 Date of Disbursement						
Mailing Address Processing Center PO Box 52271						$\begin{bmatrix} M & M $						
City Phoenix	State Zip Code AZ 85072-					Amou	ınt of E	Each	Disburse	-		
Purpose of Disbursement Bottled water			•					-			96.66	
Candidate Name			ateg Typ	ory/ e								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	•				вотт	ΓLED	WA	TER			
Full Name (Last, First, Middle Initial)					+	_			0004		1050	
Lindsay Shanholt Web Design						Date	of Disl	ourse				V
Mailing Address 286 Beacon St. Apt. 9						0 <sup>M</sup> 2	IVI /	1	7 /	' 2	010	)
City Boston	State Zip Code MA 02116-					Amou	ınt of E	Each	Disburse	emer	t this f	Period
Purpose of Disbursement Website design										.4	25.00	)
Candidate Name			ateg Typ	ory/ e								
Senate President	ement For: Primary General Other (specify)	•			,	WEB:	SITE	DES	SIGN			
State: District:					+							
Full Name (Last, First, Middle Initial) Sprint/Nextel						Date	of Disl	ourse				_
Mailing Address PO Box 17990						0 <sup>M</sup> 2	M /	<sup>D</sup> 2	5 /	Ž	010	)
City Denver	State Zip Code CO 80217-					Amou	ınt of E	Each	Disburse	emer	t this I	Period
Purpose of Disbursement cell phone	Purpose of Disbursement							-		2	70.14	
Candidate Name			ateg Typ	ory/ e								
Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)					CELL	. PHC	NE				
State: District:												
SUBTOTAL of Disbursements This Page (optional)								_		7	91.80	

S	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE NUMBER: PAGE (check only one)			28 / 3	38						
Π	FEMIZED DISBURSEMENTS	for each	category of the Summary Page		X	21b 27	y one) 22 28a	F	23 28b	F	24 28c	F	25 29	26 30b
	ny Information copied from such Reports and Statem for commercial purposes, other than using the name													i
	NAME OF COMMITTEE (In Full)	e and addres	ss of arry political	COII	1111111	ee io sc	JICIL COI	itribu	lions i	1101	III SUCII	COITII	muee	
	Massachusetts Republican State Congressional Committee													
<b>A</b> .	Full Name (Last, First, Middle Initial) Staples, Inc.						l		isbur	sei		7.E1	1936	
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796						<b>o</b> <sup>M</sup> :	2 <sup>M</sup>	/ D	1	7 /	Ý Ž	0 1 C	Y
	City Des Moines	State IA	Zip Code 50368-9020				Amo	ount o	of Eac	h [	Disburs	emen	t this F	Period
	Purpose of Disbursement Office supplies			Γ	U		L			-		2	20.18	
	Candidate Name				ateg									
	Senate President	ement For: Primary Other (spe	General ecify) ▼				OFF	ICE	SUP	PI	LIES			
_	State: District:													
В.	Full Name (Last, First, Middle Initial) Staples, Inc.						Transaction ID: 00317.E11 Date of Disbursement			1937				
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796						O <sup>M</sup> :	2 M	/ D	2	5 /	Ý Ž	0 i c	Y
		State IA	Zip Code 50368-9020				Amo	ount o	of Eac	:h[	Disburs	emen	t this F	Period
	Purpose of Disbursement Office supplies			Γ	Ü							.1	31.76	
	Candidate Name				ateg									
	Office Sought: House Senate President State: District:	ment For: Primary Other (spe	General cify) ▼				OFF	ICE	SUP	PI	LIES			
С.	Full Name (Last, First, Middle Initial) Direct Mail Systems								ion II		0031	7.E1	1906	
	Mailing Address 12450 Automobile Boule	vard					0 <sup>M</sup> 2	2 <sup>M</sup>	/ D	1	7 /	<sup>Y</sup> 2	0 i c	Y
	City Clearwater	State FL	Zip Code 33762-				Amo	ount o	of Eac	:h[	Disburs	emen	t this F	Period
	Purpose of Disbursement direct mail-party related non FEA			Γ								61	35.00	
	Candidate Name				ateg Typ									
	Senate President	ment For: Primary Other (spe	General ecify) ▼					ECT N FE		L-I	PARTY	'RE	LATE	D
Γ	State: District:							•		-		644	DE 04	
Ľ	SUBTOTAL of Disbursements This Page (optional)						느	-	_	-		040	36.94	
	TOTAL This Period (last page this line number only)					•								

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NI IMRER:	PAGE 29/38				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		TAGE 29730				
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 30b				
Any Information copied from such Reports and Statem	by any person f	or the purpose of soliciti	ing contributions					
or for commercial purposes, other than using the name	e and address of any political	committee to sol	licit contributions from s	uch committee				
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee							
Full Name (Last, First, Middle Initial) Direct Mail Systems			Transaction ID: 00 Date of Disbursemen					
Mailing Address 12450 Automobile Boule	vard		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
City Clearwater	State Zip Code FL 33762-		Amount of Each Disk	oursement this Period				
Purpose of Disbursement	. 2	-		1848.00				
direct mail-party related non FEA  Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		DIRECT MAIL-PARTY RELATED NON FEA					
Full Name (Last, First, Middle Initial)			Transaction ID: 00	0317.E11939				
Verizon			Date of Disbursemer					
Mailing Address P.O. Box 1			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	2010				
City Worcester	State Zip Code MA 01654-		Amount of Each Disk	oursement this Period				
Purpose of Disbursement	01004		792.12					
Office phone Candidate Name		Category/ Type						
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary General Other (specify)		OFFICE PHONE					
Full Name (Last, First, Middle Initial)			Transaction ID: 00	 0317 F11940				
Verizon			Date of Disbursemer	nt				
Mailing Address P.O. Box 1			02 / 17	Ý ŽO ĬOŸ				
City Worcester	State Zip Code MA 01654-		Amount of Each Disk	oursement this Period				
Purpose of Disbursement Office phone			643.63					
Candidate Name		Category/ Type						
Senate	ment For: Primary General	- 71-0	OFFICE PHONE					
President State: District:	Other (specify)							
SUBTOTAL of Disbursements This Page (optional)				3283.75				

В.

President

District:

age# 10931342130				
Use separate schedule(s)			NUMBER: y one)	PAGE 30/38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congres	sional Committee			
Full Name (Last, First, Middle Initial)  Matt Walter  Mailing Address 315 State St.			Transaction ID: ( Date of Disbursement  M M / D 2 5	ent
City Albany Purpose of Disbursement	State Zip Code NY 12210-		Amount of Each Dis	sbursement this Period
Reimbursement Candidate Name		Category/ Type		
Office Sought:  Senate  President  State:  Disburs  Disburs	ement For: Primary General Other (specify)		REIMBURSEMEN	NT
Full Name (Last, First, Middle Initial) McDermott Will & Emory			Transaction ID: ( Date of Disbursement of Disb	
Mailing Address 600 13th Street NW			02 08	2010
City Washington	State         Zip Code           DC         20005-3096		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Legal Counsel				25000.00
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate	ement For: Primary General		LEGAL COUNSE	EL

SUBTOTAL of Disbursements This Page (optional)	•	26090.00
TOTAL This Period (last page this line number only)	<b>•</b>	95995.29

Other (specify)

State:

TEMPER PROPERTY.		Use separate schedule(s)			OR LINE neck only	= NUMBER: PAGE 31 / 38					
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	23 28		24 28c	25 29	X 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan										
$\rangle$	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congres	sional Committee									
	Full Name (Last, First, Middle Initial) Nick Connors					Date	of Disbu	rsemer			V
	Mailing Address 74 Green Street					0 2	M /	0 4	′ 🗀 .	ž 0 i 0	
	City Stoneham	State Zip Code MA 02180-				Amou	nt of Ea	ch Disk	ourseme		-
	Purpose of Disbursement payroll Candidate Name				ory/			•	. 13	941.42	
	Office Sought:    House   Disburs	ement For: Primary General Other (specify)		Тур	e	PAYF	ROLL				
	Full Name (Last, First, Middle Initial) Nick Connors					Date of	of Disbu				Υ
	Mailing Address 74 Green Street					0.2		18		ž 0 i 0	
	City Stoneham  Purpose of Disbursement	State Zip Code MA 02180-	1_			Amou	nt of Ea	ch Disk	ourseme 19	nt this F	
	payroll Candidate Name			ateg Typ	ory/			•		• •	•
	Office Sought:  Senate President State:  Disburs	ement For: Primary General Other (specify)	1			PAYF	ROLL				
	Full Name (Last, First, Middle Initial) Tarah Donoghue					Date	of Disbu	rsemer			
	Mailing Address 3 Main Street					0 2	M /	0 4	/ Y	ž 0 1 0	Y
	City Dover	State Zip Code MA 02030-				Amou	nt of Ea	ch Dist	ourseme	nt this F	Period
	Purpose of Disbursement payroll Candidate Name		C	ateo	ory/	<u></u>			1:	584.40	
		omont For:		Тур							
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)				PAYF	ROLL				
Γ	UBTOTAL of Disbursements This Page (optional)								5/	67.24	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 2 28a 28b 28c 29 X
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congressi			
Full Name (Last, First, Middle Initial) Tarah Donoghue			Transaction ID: 00317.E11953 Date of Disbursement
Mailing Address 3 Main Street			02  18  2010
Dover	State Zip Code MA 02030-		Amount of Each Disbursement this Period
Purpose of Disbursement payroll  Candidate Name		Category/	1584.42
	ment For: Primary General Other (specify)	Туре	PAYROLL
Full Name (Last, First, Middle Initial) Kaitlyn Greeley			Transaction ID: 00317.E11942 Date of Disbursement  O 2
Mailing Address 34 Fresno St.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
•	State Zip Code MA 02131-		Amount of Each Disbursement this Perio
Purpose of Disbursement payroll  Candidate Name		Category/	685.14
Office Sought: House Disburser Senate	ment For: Primary General Other (specify)	Type	PAYROLL
Full Name (Last, First, Middle Initial) Kaitlyn Greeley			Transaction ID: 00317.E11943 Date of Disbursement
Mailing Address 34 Fresno St.			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & B \\ & 1 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ & 2 & 0 & 1 & 0 \end{bmatrix}$
	State Zip Code MA 02131-		Amount of Each Disbursement this Perio
Purpose of Disbursement payroll			685.14
Candidate Name		Category/ Type	
President	ment For: Primary General Other (specify) ▼		PAYROLL
State: District:			2954.70
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only) .			

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	le(s) FOR LINE NUMBER: PAGE 33		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) ] 22	25 26
	, ,	27	28a 28b 28c	29 X 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any pointed cor	Tillitice to son	on contributions from such con	Tillittee
Massachusetts Republican State Congress	ional Committee			
Full Name (Last, First, Middle Initial) Kirsten Hughes			Transaction ID: 00317.E	11944
Mailing Address 72 Davis Street			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	2010
,	State Zip Code MA 02170-		Amount of Each Disburseme	
Purpose of Disbursement payroll			1	092.57
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼		PAYROLL	
State: District: Full Name (Last, First, Middle Initial)				
Kirsten Hughes			Transaction ID: 00317.E Date of Disbursement	
Mailing Address 72 Davis Street			02 / 18 / Y	ž 0 Ĭ 0 Š
,	State Zip Code MA 02170-		Amount of Each Disburseme	ent this Period
Purpose of Disbursement payroll		•	1	092.58
Candidate Name	C	Category/ Type		
Office Sought:  Senate  President  State:  Disburse	ment For: Primary General Other (specify)		PAYROLL	
Full Name (Last, First, Middle Initial) Brett Kasper			Transaction ID: 00317.E	11900
Mailing Address 43 Eastern Ave. Apt. 3			02 / 04 / 4	2010
	State Zip Code MA 01902-		Amount of Each Disburseme	ent this Period
Purpose of Disbursement payroll		•		52.47
Candidate Name	C	Category/ Type		
Office Sought:  Senate  President  State:  Disburse	ment For: Primary General Other (specify)		PAYROLL	
SUBTOTAL of Disbursements This Page (optional) .			2	237.62
TOTAL This Period (last page this line number only)				

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 34/38					
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one)  22 23 24 25 26 28a 28b 28c 29 X 30b					
	ny Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee								
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  Massachusetts Republican State Congress	sional Committee							
<u>/</u>	Full Name (Last, First, Middle Initial)								
	Brett Kasper			Transaction ID: 00317.E11901 Date of Disbursement					
	Mailing Address 43 Eastern Ave. Apt. 3			$\begin{bmatrix} 0 & 2 & M & M & M & M & M & M & M & M & M$					
	City Lynn	State Zip Code MA 01902-		Amount of Each Disbursement this Period					
	Purpose of Disbursement payroll	Г		69.96					
	Candidate Name	(	Category/ Type						
	Senate President	ment For: Primary General Other (specify)		PAYROLL					
	State: District:								

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	69.96
TOTAL This Period (last page this line number only)	•	10729.52

### PAGE 35 / 38 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 250.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 State ZIP Code City Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 1750.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### PAGE 36 / 38 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original Debt for telemar-keting non-fea party rela-ted **FLS Connect** Mailing Address 7300 Hudson Blvd. Ste ZIP Code City State Saint Paul MN 55128-Outstanding Balance Beginning This Period Transaction ID: LS91217.E11763 3910.20 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3910.20 3910.20 1) SUBTOTALS This Period This Page (optional)..... 5660.20 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

5660.20

### ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

ON BEHALF OF CANDIDAT	ES FOR	FEDERAL OFFICE	PA	GE 37/38
	used only by	Political Committees in the General	Election) FOI	R LINE 25 OF FORM 3>
NAME OF COMMITTEE (In Full)				
Massachusetts Republican State Congression	onal Committe	e		
Has your committee been designated to make coordinated expenditures by a political party of X YES NO	e committee?	Full Name of Subordinate Committee		
If YES, name the designating committee:		Mailing Address		
		City	State	ZIP Code
Full Name (Last, First, Middle Initial) of E	ach Pavee		Purpose of Expenditure	e
Victory Enterprises			Political consulting	Category/Type
Mailing Address 5200 S.W. 30th St., Ste. 7				
City	State	e ZIP Code	Date	
Davenport	IA	52802	M M / D D	/ Y Y Y Y
Name of Federal Candidate Supported	Office Soug	ht: House State: Senate District:	0.2 0.3 Amount	2010
		Presidential Presidential		11540.56
Aggregate General Election Expenditure for this Candidate ▶		676514.84	Transaction ID: 0031	
Full Name (Last, First, Middle Initial) of E FTIN Solutions	Each Payee		Purpose of Expenditure telemarketing	e Category/Type
Mailing Address 325 E Jimmie Leeds Rd. #117				
City	State NJ	ZIP Code 08205	Date M M / D D	/ <b>Y</b> Y Y Y
Name of Federal Candidate Supported	Office Soug	ht: House State: District:	0 2 0 3 Amount	2010
		Presidential		5373.80
Aggregate General Election Expenditure for this Candidate		676514.84	Transaction ID: 0031	7.E11912
Full Name (Last, First, Middle Initial) of E	ach Payee		Purpose of Expenditure	e
Henrietta Tow			political consul- ting	Category/Type
Mailing Address 4709 Hunt Rd.				
City	State		Date	
Onondaga	MI	49264	M M / D D	/ Y Y Y Y
Name of Federal Candidate Supported	Office Soug	Senate District:	0 2 2 5 Amount	2010
Assurante Consul Floriton		Presidential	L	574.16
Aggregate General Election Expenditure for this Candidate		676514.84	Transaction ID: 0031	7.E11916
		_	-	17488.52
SUBTOTAL of Expenditures This Page (opt	ional)	<u> </u>	<del>                                     </del>	

# ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

PAGE 38/38 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)							
Massachusetts Republican State Congressional Committee	9						
Has your committee been designated to make coordinated expenditures by a political party committee?  X YES NO	Full Name of Subordinate Committee						
If YES, name the designating committee:	Mailing Address						
	City	State ZIP Code					
Full Name (Last, First, Middle Initial) of Each Payee McDermott Will & Emory		Purpose of Expenditure Legal Counsel Category/Type					
Mailing Address 600 13th Street NW		Category, 1790					
City State Washington DC	20005	Date   M M					
Name of Federal Candidate Supported Office Sough	nt: House State: Senate District:	Amount					
Aggregate General Election Expenditure for this Candidate	676514.84	30000.00 Transaction ID: 00317.E11926					
SUBTOTAL of Expenditures This Page (optional)	<b>&gt;</b>	30000.00					
TOTAL This Period (last page this line number only)	<b></b>	47488.52					